REQUESTER NAME

PENNSYLVANIA STATE POLICE REQUEST FOR CRIMINAL RECORD CHECK VOLUNTEER ONLY

1-888-QUERYPA (1-888-783-7972)

FOR CENTRAL REPOSITORY USE ONLY

CONTROL NUMBER

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester.

TRY OUR WEBSITE FOR A QUICKER RESPONSE https://epatch.pa.gov

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ADDRESS	AFTER	AFTER COMPLETION MAIL TO:		
			LVANIA STATE PO AL REPOSITORY -	
CITY/STATE/ ZIP CODE		1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758		
TELEPHONE NO. (AREA CODE)				
		<u> </u>		
		_		
SUBJECT OF I				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	RACE
		(MM/DD/YYYY)	Select	Select
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMBER		<u></u>
	esponse will be based on the comp ained in the files of the Pennsylvan			
By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$22 fee is being waived because of my status as an unpaid volunteer.				
REQUESTER SIGNATURE (*Signature	e required for processing*)	DATE		

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN

CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.